



Submitted by Coco Sellman, Co-Owner
All Pointe HomeCare LLC

**HB 6659 Appropriations Public Hearing on the Governor's Proposed FY 24 Budget
Adjustments for Human Services Agencies**

March 1, 2023

Senator Osten, Representative Walker, Senator Lesser, Representative Gilchrist and distinguished members of the Appropriations Committee Human Service Subcommittee, I am an owner of All Pointe Home Care, a CT-licensed and Medicare accredited home health agency with skilled nursing, home health aide, occupational therapy, speech therapy, and social work services for patients in the home. We specialize in **in-home complex nursing care of technology-dependent, medically fragile** children and adults with tracheostomies, ventilators, g- and j-feeding tubes, and other intensive at-home medical interventions. We are 90+% funded by Medicaid. I am also the Chair of the CT Association for Healthcare at Home, the united voice for the DPH-licensed home health care agencies.

I respectfully request the Adult Complex Care in-home nursing Medicaid rate be increased to the current Pediatric Complex Care rate. Please make the needed \$3M investment.

There is currently a 21% disparity between the pediatric and adult complex care rates:

| | Up to 18 Years | 19+ Years | Difference |
|----------|----------------|------------|------------------|
| LPN Rate | \$50.06/hr | \$39.34/hr | \$10.72/hr (21%) |
| RN Rate | \$59.17 | \$46.50/hr | \$12.67/hr (21%) |

This disparity poses significant impact on patient access. As complex care patients age, the complexity of their care, increased interventions, and co-morbidities increase, rather than decrease.

Why should a patient's funding go down by 21% when they turn nineteen?

Institutional care is both less desirable for many patients, and more expensive. The cost of ICU-level care is \$8000-9000/day (where they go short-term in the hospital) and long-term care settings are ~\$2900/day (where they go once a facility is identified, often out of state). Whereas the cost of in-home complex care is ~\$1000/day.



There are 250 patients currently receiving complex care in CT. Roughly 40% are over age eighteen. Should the adult rate be increased to the pediatric rate, we estimate the annual cost of their care would be \$40M at home and \$100M in a facility. Thus, the investment in complex care nursing at home saves CT \$60M per year. To avoid the higher cost of facility care and ensure these savings, we are asking for additional investment in adult Medicaid budget of \$3M. (See attachment for details.)

NO OTHER STATE has a complex care rate that changes with age. Connecticut is the only state that utilizes this distinction. This distinction is age discrimination.

Workforce Challenges at Crisis Levels

We know that nationally 20% of nurses left the profession during the pandemic, and at my agency, **we experienced a 30% decline in nurses**. We are feeling this in CT more than ever. Nurse recruiting is harder than ever.

| | 2019 | 2023 |
|--|-------------------|-----------------|
| Monthly nurse applicants | 200-300 per month | 50-80 per month |
| New nurses put into the field | 12-15 per month | 1-2 per month |
| Complex care patients brought home from the hospital | 2-3 per month | 1-2 per quarter |

Contributing factors include:

- **Higher nursing compensation in other care settings.** Facilities receive a daily rate, rather than a per hour nursing rate, which allows them to reinvest dollars into higher nurse pay due to nurse vacancies.
- **Local travel nursing.** Facilities can now afford to pay higher amounts to temporary travel nurses, for the same reason. The vacancies leave dollars to fund hourly travel nurses for \$10-50/hr. more than we can offer home health nurses.
- **Better pay in neighboring states.** Nurses living near NY, MA, and RH can find higher pay and better benefits across the border.
- **Nursing benefits.** Our hourly Medicaid rates do not leave room for affordable, competitive health insurance packages for complex care nurses, thus most of our nurses choose to take full-time work with facilities and fill extra shifts with home care.

Every day, All Pointe receives requests to bring home complex care patients from Connecticut Children's Hospital, Yale, Hospital for Special Care, Children's Hospital Boston, Blythedale Children's Hospital and other facilities. **Without adequate funding, these patients – both**



children and adults, but especially adults -- are at risk of not receiving in-home care and stay stuck indefinitely in institutions.

Why I Believe In Complex Care At-Home

I founded a home health care agency because my step-daughter, Amelia (age 21), is a complex nursing care patient. Amelia has cerebral palsy and chronic lung disease. She is non-ambulatory, non-verbal, needs oxygen with BiPAP; and receives respiratory, suctioning, and nebulizer treatments every two hours. Amelia was born at 26-weeks and was a twin. Her brother passed at two days old. She spent nearly 100 days in the pediatric intensive care unit struggling for her life with three surgeries to her heart and lungs to help stabilize her.

After bringing her home from the hospital, the struggles of caring for all of Amelia's needs began. Challenges with solving her specific needs in education, communication, accessibility, mobility, and medical safety have taken every ounce of our focus and resources.

As Amelia's condition became more complex as she grew, she needed more and more medical care. Before receiving nursing at home, she was a frequent flyer to the hospital spending weeks at a time in the hospital. Once she started receiving in-home nursing care (age eight) with the increased medical interventions, her visits to the hospital diminished and her overall health and well-being have dramatically improved.

At age 21, Amelia is graduating from high school this summer. She will leave the abundant programming afforded to her by the Department of Education. In June, she will be far more vulnerable under the DDS system which offers only a fraction of services she currently receives at school. And now, at the same time, Medicaid rates have dropped by \$10-12/hr, simply because of her age. Her care requires the same level of nursing. **It is deeply disappointing that Connecticut would knowingly choose to disrupt her funding this way.**

Despite her medical challenges and disabilities, Amelia is a real person. She is a bright and engaged young woman who deserves access to a healthy, thriving life. She loves volunteering as a service dog trainer, visiting White Memorial, listening to Pink & Adele, and talking about boys with her 14-year-old sister. She communicates with an iPad. Thanks to nursing at home, she is thriving! Amelia and others like her deserve the same level of support as anyone else, regardless of age. **Please increase adult complex care rates to the same level as pediatric.**

Thank you for the opportunity to provide testimony. Please contact me with any questions.

Coco Sellman

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Appendix A – Investment in Adult Complex Care

| Data Collected from Three Providers: Aveanna, Elara, and All Pointe | | | | | |
|--|---------------------|------------------|--------------------------------------|-----|--|
| | 61% | 39% | | | |
| | 18 and Under | Over 18 | Total | | |
| # of Patients | 148 | 95 | 243 | | |
| Avg Weekly Hours | 10,527 | 14,233 | 24,760 | | |
| Annual Hours | 547,410 | 740,126 | 1,287,536 | | |
| RATES: | 18 and Under | Over 18 | Difference | | |
| RN | \$ 59.17 | \$ 46.50 | \$ 12.67 | 21% | |
| LPN | \$ 50.06 | \$ 39.34 | \$ 10.72 | 21% | |
| Over 18 Population | Approx Hrs | Rate Diff | Cost | | |
| 30% RN | 76,628 | \$ 12.67 | \$ 970,878 | | |
| 70% LPN | 182,745 | \$ 10.72 | \$ 1,959,024 | | |
| ADD'L INVESTMENT REQUESTED: | | | \$ 2,929,902 | | |
| Annual Cost to Care: Over 18 Population | | | | | |
| | Home | Facility | | | |
| Annual Hours | 740,126 | 34,675 | Annual Days per year for 95 patients | | |
| Rate (1) | \$ 52.79 | \$ 2,900.00 | | | |
| Total Cost | \$ 39,073,498 | \$ 100,557,500 | \$ (61,484,002) | | |
| (1) - For home cost assumed a Medicaid rate increase to match the 18 and under population | | | | | |
| For the facility rate used average cost to provide care to high acuity (trach and vent dependent) patients | | | | | |